

State of Washington Application for a Water Right | 9 1998

For Ecology Use

Fee Paid #/0,00

Date 5-/9-98

CL # 6633

Please follow the attached instructions to avoid unnecessary delayso

unnecessary delaysogy EASTERN REGIONAL OFFICE

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name JESSE OR GWEN BURSON	Home Tel: (509) 382 - 4910
Mailing Address 938 PATIT Rd.	Work Tel: ()
City DAYTON State WA Zip+49932	
Section 2. CONTACT - PERSON TO CALI	ABOUT THE APPLICATION
Name (SAME AS Above)	Home Tel: ()
Mailing Address	Work Tel: ()
City State Zip+4	+ FAX: ()
Relationship to applicant	
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than cubic feet per second) from a surface water source or for care a poly ing water & each of care a poly ing	ions.) NOTE: A tax parcel number or a plat number is not and continuous per year. 1200 9A PAR ANY X 5 months eject. Indicate the period of time that the water will be needed:
lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	A permit is desired for Oak 2 well(s).
Source flows into (name of body of water):	Size & depth of well(s): 370 FT - 6"pipe
	30-35 9PM
LOCATION	
Enter the north-south and east-west distances in feet free section corner:	
1/4 of 1/4 of Section Township Range (E/W	If location of source is platted, complete below: Lot Block Subdivision

RANGE 40 COLUMBIA

Date Returned

Priority Date:

ECY 040-1-14 Rev. 7/97 * * f

SEPA: Exempt/Not Exempt

Date Accepted As Complete

For Ecology Use

APPLICATION

Date Received: 5/19/98

Appl. No.: 6 330180

Dept. Of Health #

I-59 family farm

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION		
A.	Name of system, if named: A BIT TWISTED RANCH		1
B.	Briefly describe your proposed water system. (See instructions.)		
	11 ACRES of grass HAY to be irrigATEd		
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	YES	□NO
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMA ompleted for all domestic/public supply uses.)		
A.	Number of "connections" requested: Type of connection	×	
	(Homes, Apartment	, Recreationa	
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems a County Health Department.	☐ YES are identified	□ NO by your
Cor	nplete C. and D. only if the proposed water system will have fifteen or mo	re connec	tions.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved verified to the current approv	☐ YES ersion of your	□ NO r plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved verified to the c	☐ YES ersion of your	□ NO r plan.
STATE OF STREET	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)		
A.	Total number of acres to be irrigated: 3B ACTES		
В.	List total number of acres for other specified agricultural uses:	e .	
	Use Grass Hay Acres 11 Use PASTURE/GRAZE Acres ZZ		
	UseAcres		
C.	Total number of acres to be covered by this application: 33 Acres		
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).		
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.: 	☐ YES ☐ YES	⊠ NO
E.	Farm uses: Stockwater Total # of animals 5 Horses Animal Type 20 beef CATT (If dairy	cattle, see be	elow)
	Dairy - # Milking # Non-milking		
	MALE 2 1200		

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Sec	tion 8. WATER STORAGE		
Will y	you be using a dam, dike, or other structure to retain or store water?	☐ YES	MNO
point,	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or means and some portion of the storage will be above grade, you must also apply for a reservoir permit. woir permit application from the Department of Ecology.		
Sec	ction 9. DRIVING DIRECTIONS		
Provi	de detailed driving instructions to the project site. 9.6 miles E. of DAYTO	UWA	sh.
ATI	TCT. ROAD. RIGHT FORK AT LEWIS GUICH rd. 157 of ROAD. A Bit Twisted RANCH. EASTERN DOW	. PIA	ON
ghT	of ROAD. A Bit Twisted RANGE. CHSTERM Des		
Arus	EOUT Rd.		
Sec	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sec	ction 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):	YES	□NC
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	YES	□NC
to promi	tify that the information above is true and accurate to the best of my knowledge. I understanges ocess my application, I grant staff from the Department of Ecology access to the site for inspetoring purposes. Even though I may have been assisted in the preparation of the above applications of the Department of Ecology, all responsibility for the accuracy of the information res	ection and cation by	d the
Appli	Julen E. Burson icant (or authorized representative) 5-18-98 Date		
Thhu	Date		

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Date

Landowner for place of use (if same as applicant, write "same")

We are returning your application for the following reas	son(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)ncomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested ab	ove and return you	r application by
cology staff	Date	

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)

APPLICATION

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Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

or (360) 407-6006 (TDD).